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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GERMANY	SHEETS DRAWINGS 3	TOTAL CLAIMS 32	INDEPENDENT CLAIMS 3
Verified and Acknowledged /BRANDI N THOMAS/ Examiner's Signature	Initials					

ADDRESS

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TITLE

High resolution imaging for diagnostic evaluation of the fundus of the human eye

FILING FEE RECEIVED 493	FEES: Authority has been given in Paper No._____ to charge/credit DEPOSIT ACCOUNT No._____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit